BEST AVAILABLE COPY

Effective October 1, 2001

10039725

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS -			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			ි ⊘ minus 20=		. 6			X\$ 9=		OR	X\$18≈	
INDEPENDENT CLAIMS			√ minus 3 =		* 1			X42=		OR	X84=	84·W
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	nt 🔲			1	+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2				TOTAL		OR	TOTAL	S/24
CLAIMS AS AMENDED - PART II						÷				OTHER THAN		
_	. · ·	(Column 1)			mn 2) HEST	(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	<u>** 2</u>	<i>b</i>	= 0		X\$ 9=		OR	X\$18=	 [14. –557
	Independent	NTATION OF M	Minus	CALDEAL	TCLAIM	=-0	11	X42=	-	OR	X84=	
_	FIRST PRESE	I CLAIN]	+140=		OR	+280=				
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	÷	(Colu	mn 2)	(Column 3)		,				
AMENDMENT B	100 mg/m	CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		, OR	X\$18=	
	Independent		Minus	***		-		X42=		OR	X84=	
L	THIST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		┚╽	+140=		OR	+280=	
							l	TOTAL		OR	TOTAL	
	1	(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE I			ADDIT. FEE	·
AMENDMENTC	The state of the s	CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total -	*	Minus	##		=		<u>X</u> \$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	11	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR	TOTAL	
41	"If the "Highest No	umber Previously F	Paid For IN THI	S SPACE	is less that	an 3, enter "3."		ADDIT. FEE	L	•	ADDIT. FEE	
`	The 'Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numb	per for	ind in the app	propriate bo	k in co	lumn 1.	